

Mom with Child Ages 5-11 and Child-Proxy Survey 2013

INTRO Hello, my name is _____ and I'm calling on behalf of the Network for a Healthy California. We are conducting an important survey with moms to help the Network for a Healthy California improve programs and services for families throughout the state. Your household was picked at random for this study from the list of CalFresh households in California. A letter about this study was recently sent to your home.

- (1) CONTINUE [GO TO S_CELL]
- (2) LANGUAGE BARRIER [SET CALL BACK WITH SPANISH INT]
- (3) RETURN TO CONTACT SCREEN
- (4) HANG UP DURING INTRO

S_CELL Am I speaking to you on your cell phone?

- (1) YES [GO TO S_WARM]
- (2) NO [GO TO S1]

S_WARM If you are currently driving a car or doing any activity that requires your full attention I need to call you back at a later time.

- (1) CONTINUE [GO TO S1]
- (2) R UNABLE TO CONTINUE [GO TO S_ATTN]

S_ATTN For your safety, we will call you back at another time. [SET CALL BACK]

S1 Am I speaking to someone who is over 17 years old?

- (1) YES, I AM [GO TO S5]
- (2) THIS IS A BUSINESS [TERMINATE]
- (3) NO, NEW PERSON COMES TO PHONE [GO TO S3]
- (4) NO ONE OVER 17 LIVES IN HH/USES PHONE [TERMINATE]
- (5) NO ONE OVER 17 HOME RIGHT NOW [GO TO S1B]
- (99) REFUSED [SET CALL BACK]

S1B I'll try back again later. Thank you. [SET CALL BACK]

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S3 Hello, my name is _____ and I'm calling on behalf of the Network for a Healthy California. We are conducting an important survey with moms to help the Department of Public Health improve programs and services for families throughout the State. Your household was picked at random for this study from the list of CalFresh households in California. Are you over 17 years old?

- | | |
|-----------------|-------------|
| (1) YES | [GO TO S7] |
| (2) NO | [TERMINATE] |
| (77) DON'T KNOW | [TERMINATE] |
| (99) REFUSED | [TERMINATE] |

S3B May I speak with someone over 17 years old?

- | | |
|---------|-------------|
| (1) YES | [GO TO S3] |
| (2) NO | [GO TO S1B] |

S5 We would like to speak to the youngest mom in the household who has at least one child ages 5 to 11 years old. Is she available now?

- | | |
|--|-------------|
| (1) I AM THAT PERSON | [GO TO S7] |
| (2) NEW PERSON COMES TO PHONE | [GO TO S3] |
| (3) PERSON NOT AVAILABLE | [GO TO S5B] |
| (4) NO CHILDREN AGES 5 TO 11 YEARS OLD IN HH | [TERMINATE] |
| (99) REFUSED | [TERMINATE] |

S5TERM We are only interviewing households with children ages 5 to 11 years old.
Thank you for your time.

S5B Are any of the moms who have children ages 5 to 11 years old available now?

- | | |
|------------------------------------|-------------|
| (1) YES, NEW PERSON COMES TO PHONE | [GO TO S3] |
| (2) NO, NOT AVAILABLE | [GO TO CB1] |
| (77) DON'T KNOW | [GO TO S1B] |
| (99) REFUSED | [TERMINATE] |

CB1 Could you please tell me who we should ask for when we call back? [READ IF NECESSARY: You can give me her first name or initials.]

- | | |
|------------------------|-----------------|
| (1) CONTINUE TO CBNAME | |
| (99) REFUSED | [SET CALL BACK] |

CBNAME _____ ENTER NAME

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CB2	Can she be reached at this telephone number?	
	(1) YES	[GO TO S1B]
	(2) NO	[GO TO CBNUM]
	(77) DON'T KNOW	[SET CALL BACK]
	(99) REFUSED	[SET CALL BACK]
CBNUM	What is the best number to reach her?	
	_____ ENTER NUMBER	[GO TO S1B]
S7	Do you currently live in [FILL] county?	
	(1) YES	[GO TO S10]
	(2) NO	[GO TO S8]
	(77)DON'T KNOW	[GO TO S10]
	(99)REFUSED	[TERMINATE]
S8	In what county do you live?	
	DROP DOWN LIST OF 17 COUNTIES	[GP TO S10]
	OTHER	[GO TO S9]
S9	We are only interviewing people who live in certain counties. Thank you for your time.	
	[TERMINATE]	

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- S10 Before I continue, I would like you to know that your participation in this survey is voluntary. Everything you say is completely confidential. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. The survey will take about 20 minutes. First, I will ask you about your physical activity and foods that you eat. Then I will ask you similar questions about one of your children.
- In appreciation for your time, we will send you \$10 cash when the survey is over. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions.
- READ IF NECESSARY: This is a research study being sponsored by the Network for a Healthy California. The purpose of the study is to improve programs and services for families in California. If you have any questions about the survey, I can provide you with a free number for you to call.
- Would you like to participate in an interview?
- | | |
|--------------------|----------------------------------|
| (1) YES | [VERBAL CONSENT GIVEN, GO TO M1] |
| (2) YES, CALL BACK | [SET CALL BACK] |
| (3) NO | [TERMINATE] |
| (77) DON'T KNOW | [SET CALL BACK] |
| (99) REFUSED | [TERMINATE] |
- M1 First, I would like to ask you about your physical activity.
- During the past MONTH, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, Zumba, gardening or walking for exercise?
- | |
|----------------------------|
| (1) YES |
| (2) NO SKIP TO M8 |
| (77) DON'T KNOW SKIP TO M8 |
| (99) REFUSED SKIP TO M8 |
- M2 During the past month, what type of physical activity or exercise did you spend the most time doing?
- _____ (SPECIFY)
- | |
|-----------------|
| (77) DON'T KNOW |
| (99) REFUSED |
- M3 During the past month, how many times per week or per month did you take part in this activity?
- | |
|---------------------------|
| _____ Times per week |
| _____ Times per month |
| (777) DON'T KNOW GO TO M5 |

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(999) REFUSED [GO TO M5](#)

M4 When you took part in this activity, for how many minutes or hours did you usually keep at it?

____ HOURS
____ MINUTES
(777) DON'T KNOW
(999) REFUSED

M5 During the past month, what other type of physical activity gave you the next most exercise?

____ (SPECIFY)
(666) NO OTHER ACTIVITY [SKIP TO M8](#)
(777) DON'T KNOW [SKIP TO M8](#)
(999) REFUSED [SKIP TO M8](#)

M6 During the past month, how many times per week or per month did you take part in this activity?

____ TIMES PER WEEK
____ TIMES PER MONTH
(777) DON'T KNOW
(999) REFUSED

M7 When you took part in this activity, for how many minutes or hours did you usually keep at it?

____ HOURS
____ MINUTES
(777) DON'T KNOW
(999) REFUSED

Now I would like to ask you about different types of drinks. Please think about the past month.

M8 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? (Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.)

____ PER DAY
____ PER WEEK
____ PER MONTH
(777) DON'T KNOW
(999) REFUSED

M9 During the past month, how many times per day/week/month did you drink a can, bottle, or glass of regular soda that contained sugar? Do not include diet soda.

____ TIMES PER DAY
____ TIMES PER WEEK
____ TIMES PER MONTH
(666) NEVER

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(777) DON'T KNOW

(999) REFUSED

- M10 During the past month, how many times per day/week/month did you drink a can, bottle, or glass of diet soda that did not contain sugar?
- ___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH
(666) NEVER
(777) DON'T KNOW
(999) REFUSED
- M11 During the past month, how many times per day/week/month did you drink a glass or bottle of a sports drink like Gatorade, PowerAde, or Vitamin Water? Do not include caffeinated energy drinks like Red Bull, Rockstar, or GoGirl, or low-calorie sports drinks like G2 or Propel.
- ___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH
(666) NEVER
(777) DON'T KNOW
(999) REFUSED
- M12 During the past month, how many times per day/week/month did you drink a glass or can of a caffeinated energy drink like Red Bull, Rockstar, or GoGirl? Do not include sugar free drinks or energy "shots".
- ___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH
(666) NEVER
(777) DON'T KNOW
(999) REFUSED
- M13 During the past month, how many times per day/week/month did you drink coffee or tea with sugar or a sweetened hot or iced specialty coffee drink like a mocha, latte, or Frappuccino? Do not include unsweetened coffee or tea drinks.
- ___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH
(666) NEVER
(777) DON'T KNOW
(999) REFUSED

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M14 During the past month, how many times per day/week/month did you drink a can, bottle, or glass of a sweetened fruit drink, such as Kool-Aid (Spanish: Tampico), Sunny D, Hawaiian Punch or lemonade? Include fruit drinks you made at home that you added sugar to. Do not include sugar free drinks or drinks you make with artificial sweeteners.

- ___ TIMES PER DAY
- ___ TIMES PER WEEK
- ___ TIMES PER MONTH
- (666) NEVER
- (777) DON'T KNOW
- (999) REFUSED

M15 During the past month, how many times per day/week/month did you drink a glass of milk? Count chocolate and flavored milk, and milk on cereal. [Only dairy milk. Lactose free and goat milk count, but soy, rice, coconut, and almond milk do not.]

- ___ TIMES PER DAY
- ___ TIMES PER WEEK
- ___ TIMES PER MONTH
- (666) NEVER **GO TO M18**
- (777) DON'T KNOW
- (999) REFUSED

M16 Was the milk you typically drank or used whole milk, reduced fat or 2%, lowfat or 1%, or nonfat or skim? [If more than one kind ask, "Which kind did you drink the most?" If he/she says "Vitamin D milk", probe if they mean whole milk]

- (0) NONFAT/FAT FREE (SKIM)
- (1) LOWFAT (1%)
- (2) REDUCED FAT (2%)
- (3) WHOLE
- (77) DON'T KNOW
- (99) REFUSED

M17 Was the milk you typically drank or used flavored, like chocolate or strawberry?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

M18 During the past month, how many times per day/week/month did you drink a glass or bottle of water? Count tap, bottled, and unflavored sparkling water.

- ___ TIMES PER DAY
- ___ TIMES PER WEEK
- ___ TIMES PER MONTH
- (666) NEVER
- (777) DON'T KNOW

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(999) REFUSED

Now I would like to ask you about different types of foods. Please continue to think about the past month.

M19 During the past month, how many times per day, week, or month did you eat sweets like cake, cookies, donuts, ice cream, or candy?

___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH
(666) NEVER
(777) DON'T KNOW
(999) REFUSED

M20 During the past month, how many times per day, week, or month did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?

___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH
(666) NEVER
(777) DON'T KNOW
(999) REFUSED

M21 During the past month, how many times per day, week, or month did you eat French fries or other fried potatoes?

___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH
(666) NEVER
(777) DON'T KNOW
(999) REFUSED

M22 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH
(666) NEVER
(777) DON'T KNOW
(999) REFUSED

M23 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH

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(666) NEVER
(777) DON'T KNOW
(999) REFUSED

M24 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and pinto beans, beans in soup, soybeans, edamame, tofu or lentils? Do NOT include long green beans.

___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH

(666) NEVER
(777) DON'T KNOW
(999) REFUSED

M25 During the past month, how many times per day, week, or month did you eat orange colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH

(666) NEVER
(777) DON'T KNOW
(999) REFUSED

M26 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

___ TIMES PER DAY
___ TIMES PER WEEK
___ TIMES PER MONTH

(666) NEVER
(777) DON'T KNOW
(999) REFUSED

Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements:

M27 In my neighborhood, it is easy to buy fresh fruits and vegetables.

(1) STRONGLY AGREE
(2) AGREE
(3) NEITHER AGREE NOR DISAGREE
(4) DISAGREE
(5) STRONGLY DISAGREE
(77) DON'T KNOW
(99) REFUSED

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M28 In my neighborhood, it is easy to buy healthy foods, such as low-fat milk and whole grain bread.

- (1) STRONGLY AGREE
- (2) AGREE
- (3) NEITHER AGREE NOR DISAGREE
- (4) DISAGREE
- (5) STRONGLY DISAGREE
- (77) DON'T KNOW
- (99) REFUSED

The following questions will ask you to think about the last 3 months.

M29 In the last 3 months, have you taken part in a class, workshop or other group activity about eating fruit and vegetables, drinking healthy beverages, or being physically active that was sponsored by the Network for a Healthy California Champions for Change?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

M30 In the last 3 months, have you taken part in any other class, workshop or other group activity about eating fruit and vegetables, drinking healthy beverages, or being physically active?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

M31 In the last 3 months, have you seen someone doing a live food demonstration of healthy cooking, one where they prepared a recipe with fruits or vegetables?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

M32X01 In the last 3 months, (have any of your children) (has your child) brought home information about eating fruit and vegetables?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

M32X02 Drinking healthy beverages?

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- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

M32X03 Being physically active?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Now I have a few more general questions about you and your household.

M33 In the last 3 months, how often have you had fresh fruit or vegetables washed, cut-up, and ready-to-eat for your family in your home? Would you say every day, almost every day, most days, some days, or rarely?

- (1) EVERY DAY
- (2) ALMOST EVERY DAY
- (3) MOST DAYS
- (4) SOME DAYS
- (5) RARELY
- (77) DON'T KNOW
- (99) REFUSED

M34 Do you currently have a garden to grow fruits and vegetables either at your home or at a shared site?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

M35 What is the highest grade or year of school you completed?

- (1) 8TH GRADE OR LESS
- (2) 9TH-12TH GRADE, NO DIPLOMA
- (3) HIGH SCHOOL GRADUATE OR GED COMPLETED
- (4) SOME VOCATIONAL, TRADE, OR BUSINESS SCHOOL BUT NO DIPLOMA
- (5) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- (6) SOME COLLEGE CREDIT BUT NO DEGREE
- (7) COLLEGE GRADUATE
- (8) POST GRADUATE OR PROFESSIONAL DEGREE
- (77) DON'T KNOW
- (99) REFUSED

M36 What is your age?

- ____ YEARS
- (777) DON'T KNOW
- (999) REFUSED

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- M37 What is your race? (Select one or more responses.)
 (1) AMERICAN INDIAN OR ALASKAN NATIVE
 (2) ASIAN
 (3) BLACK OR AFRICAN AMERICAN
 (4) LATINO/HISPANIC
 (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 (6) WHITE
 (7) OTHER
 (77) DON'T KNOW
 (99) REFUSED
- M38 How tall are you without your shoes on?
 ____ feet ____ inches OR ____ cm
 (777) DON'T KNOW
 (999) REFUSED
- M39 How much do you weigh without your shoes on?
 ____ pounds
 (777) DON'T KNOW
 (999) REFUSED
- M40 Are you currently pregnant or lactating?
 (1) YES
 (2) NO
 (77) DON'T KNOW
 (99) REFUSED
- M41 How many children ages 5 to 11 years old do you have?
 ____ ENTER NUMBER
 (77) DON'T KNOW [GO TO C19]
 (99) REFUSED [GO TO C19]
- CAGE_X Please tell me the age of the [FIRST, SECOND, THIRD...] child who is between 5 and 11
 years old.
 ____ ENTER AGE
 (77) DON'T KNOW
 (99) REFUSED

<<< RANDOMLY SELECT CHILD FROM THE LIST OF CHILDREN IN CAGE_X >>>

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CINTRO1 Now I would like to ask you some questions about your [AGE] year old.

- (1) CONTINUE
- (2) CALL BACK LATER TO FINISH
- (99) REFUSED [GO TO C19]

CNAME So I know how to refer to your child in the interview, please tell me your [AGE] year old's first name. READ IF NECESSARY: If you prefer, you may give me your child's initials.

- _____ ENTER NAME
- (99) REFUSED – CONTINUE TO REFER TO CHILD AS [AGE] YEAR OLD

CSEX Is [Child's Name] a boy or a girl?

- (1) BOY
- (2) GIRL
- (99) REFUSED

The following questions are about [Child's name]'s physical activity and eating habits.

C1 In an average week during the school year, on how many days does [Child's name] go to physical education (PE) classes?

- _____ [NUMBER] OF DAYS
- (0) NO DAYS
- (77) DON'T KNOW
- (99) REFUSED

C2 In an average week during the school year, on how many days does [Child's name] walk or ride [his/her] bike to school when weather allows [him/her] to do so?

- _____ [NUMBER] OF DAYS
- (0) NO DAYS
- (77) DON'T KNOW
- (99) REFUSED

C3 For the following questions, please think about yesterday. Yesterday, how much total time did [Child's name] spend in physically active play?

- (0) NONE
- (1) LESS THAN 30 MINUTES
- (2) 30 TO 59 MINUTES
- (3) 1 HOUR OR MORE
- (77) DON'T KNOW / NOT SURE
- (99) REFUSED

C4 Yesterday, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did [Child's Name] drink?

- _____ GLASSES/BOXES
- (77) DON'T KNOW
- (99) REFUSED

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- C5 Yesterday, how many servings of fruit, such as an apple or a banana, did [he/she] eat?
____ SERVINGS
(77) DON'T KNOW
(99) REFUSED
- C6 Yesterday, how many servings of French fries, home fries, or hash browns did [Child's Name] eat?
____ SERVINGS
(77) DON'T KNOW
(99) REFUSED
- C7 Yesterday, how many servings of other vegetables like green salad, green beans, or non-fried potatoes did [he/she] have? Do not include fried potatoes.
____ SERVINGS
(77) DON'T KNOW
(99) REFUSED
- C8 Yesterday, how many glasses or cans of soda, such as Coke, did [he/she] drink? Do not count diet drinks.
____ GLASSES
(77) DON'T KNOW
(99) REFUSED
- C9 Yesterday, how many glasses of other sweetened drinks, such as fruit punch, fruit drinks like Sunny Delight, or sports drinks did [he/she] drink? Do not count diet drinks.
____ GLASSES
(77) DON'T KNOW
(99) REFUSED
- C10 Yesterday, how many glasses or small cartons of milk did [Child's name] drink? (Count the milk [Child's Name] drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
____ None SKIP TO C12
____ GLASSES
(77) DON'T KNOW
(99) REFUSED
- C11 Yesterday, was most of the milk [Child's name] drank nonfat or skim, lowfat or 1%, reduced fat or 2%, whole, chocolate or some other kind?
(0) NONFAT/FAT FREE (SKIM)
(1) LOWFAT (1%)
(2) REDUCED FAT (2%)
(3) WHOLE
(4) CHOCOLATE/OTHER FLAVORED
(5) OTHER GO TO C11OTHER

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(77)DON'T KNOW
(99)REFUSED

C11OTHER ENTER OTHER SPECIFY _____

C12 Now I would like you to think about the past 7 days. During the past 7 days, how many times did [he/she] eat fast food? Please include fast food meals eaten at school or at home, or at fast food restaurants, carryout, or drive thru.

____ TIMES
(77) DON'T KNOW
(99) REFUSED

C13 During the past 7 days, how many days did [Child's name] sit down and eat dinner at home together with at least one of [her/his] parents or guardians?

____ [NUMBER] OF DAYS
(0) NO DAYS
(77) DON'T KNOW
(99) REFUSED

C14 During the past 7 days, on how many days was [Child's Name] physically active for a total of at least 60 minutes per day? (Add up all the time [he/she] spent in any kind of physical activity that increased [his/her] heart rate and made [him/her] breathe hard some of the time.)

____ [NUMBER] OF DAYS
(0) NO DAYS
(77)DON'T KNOW
(99) REFUSED

C15 What is [Child's Name]'s race? (Select one or more responses.)

(1) AMERICAN INDIAN OR ALASKAN NATIVE
(2) ASIAN
(3) BLACK OR AFRICAN AMERICAN
(4) LATINO/HISPANIC
(5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
(6) WHITE
(7) OTHER
(77) DON'T KNOW
(99) REFUSED

C16 How tall is [Child's Name] without [his/her] shoes on?

____Feet ____Inches OR ____Centimeters
(777) DON'T KNOW
(999) REFUSED

C17 How much does [Child's Name] weigh without his/her shoes on?

____ POUNDS OR ____ KILOGRAMS

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(777) DON'T KNOW
(999) REFUSED

C18 What is your child's date of birth?

____/____/____
(77) DON'T KNOW
(99) REFUSED

C18REF To help us identify age-appropriate health guidelines for your child, would you be willing to provide the child's birth month and year?

C18REFM In what month was your child born?

(1) JANUARY
(2) FEBRUARY
(3) MARCH
(4) APRIL
(5) MAY
(6) JUNE
(7) JULY
(8) AUGUST
(9) SEPTEMBER
(10) OCTOBER
(11) NOVEMBER
(12) DECEMBER
(77) DON'T KNOW
(99) REFUSED

C18REFY In what year was your child born?

(1) 2001
(2) 2002
(3) 2003
(4) 2004
(5) 2005
(6) 2006
(7) 2007
(8) OTHER **GO TO C19YOTH**
(77) DON'T KNOW
(99) REFUSED

C18YOTH ENTER OTHER YEAR _____

C19 Finally, is it okay to try to call you again about a year from now to ask you these same questions?

(1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED

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AC Before we finish, I'll need to confirm your mailing address so we can send you \$10 cash.

AC_STREET PREFILL AND CONFIRM OR CORRECT

AC_CITY PREFILL AND CONFIRM OR CORRECT

AC_STATE PREFILL AND CONFIRM OR CORRECT

AC_ZIP PREFILL AND CONFIRM OR CORRECT

AC_NAME ASK PARTICIPANT FOR NAME

CEND Those are all the questions I have. Thank you for the time you spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1-877-267-8999. Thank you again.